

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039557

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District **238** Primary Registration District No. **5823** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Madrid</b>		c. CITY OR TOWN <b>New Madrid</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) <b>5 Miles North New Madrid</b>	
3. NAME OF DECEASED (Type or print) First <b>JIMME</b> Middle <b>HOWARD</b> Last		4. DATE OF DEATH Month <b>Oct.</b> Day <b>31</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/19/1913</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm labor</b>		11. BIRTHPLACE (City and state or country) <b>Mississippi</b>	
13a. FATHER'S NAME <b>Gussie Howard</b>		13b. MOTHER'S MAIDEN NAME <b>Jannie Ann White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Primary unknown</b> DUE TO (b) _____ DUE TO (c) _____		17. INFORMANT <b>Mary Howard Matthews, Mo.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>New Madrid, Mo</b>
21. I attended the deceased from <b>May 62</b> to <b>31 Oct 62</b> and last saw her alive on <b>31 Oct 62</b> Death occurred at <b>4 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Charles E. Richards, M.D.</b>	
23a. BURIAL, CREMATION, or other (Specify) <b>Burial</b>		23b. DATE <b>Nov. 4, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Simons Park</b>
24. FUNERAL DIRECTOR <b>Richards Funeral Home Inc. New Madrid, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 3, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Jay Hedgpeth</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 **0720**  
2 **0720**  
3 **1**  
4 **2**  
5 **1**  
6  
7 **0**  
8 **2**  
9 **199.2**  
10  
11  
12 **90-0**  
13 **2-0**

FEB 7 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *W. B. Hedgepeth*

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit obtained 02431/1962*